

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED YANG, XIAO JIAN		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:04-000011-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. YANG	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Supervised Release	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.				
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES				
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500) <div style="display: flex; justify-content: space-between;"> <div>Signature of Attorney _____</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization</div> <div></div> </div> Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. <div style="text-align: right;">Telephone Number: _____</div>				
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)		14. TYPE OF SERVICE PROVIDER <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 01 <input type="checkbox"/> Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph Examiner 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics Expert 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical Expert 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services </div> <div style="width: 50%;"> 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (See Instructions) 24 <input type="checkbox"/> Other (specify) _____ </div> </div>		
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. _____ Signature of Presiding Judicial Officer or By Order of the Court <div style="display: flex; justify-content: space-between;"> <div>Date of Order _____</div> <div>Nunc Pro Tunc Date _____</div> </div> Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO				
CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY		
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW	
a. Compensation				
b. Travel Expenses (lodging, parking, meals, mileage, etc.)				
c. Other Expenses				
GRAND TOTALS (CLAIMED AND ADJUSTED):				
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS				
<div style="text-align: right;">TIN: _____</div> <div style="text-align: right;">Telephone Number: _____</div> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____				
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.				
Signature of Attorney: _____ Date: _____				
APPROVED FOR PAYMENT - COURT USE ONLY				
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED	
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judicial Officer _____</div> <div>Date _____</div> <div>Judge/Mag. Judge Code _____</div> </div>				
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)				
Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____				